

REQUIREMENTS FOR LICENSE - CONTRACTOR

RESPONSIBLE MANAGING EMPLOYEE

Access this form via website at: hawaii.gov/dcca/pvl

Briefly, the requirements for a license are:

- 1) Be not less than 18 years of age;
- 2) Have a good reputation for honesty, truthfulness, financial integrity and fair dealing;
- 3) Have 4 years of supervisory experience within the past 10 years;
- 4) Pass an examination in the appropriate classification; and
- 5) Be employed by a licensed contracting entity.

This is the general licensure process and what you may expect after filing an application:

- 1) Applicant files application, fee and other required items on or before the **20th** day of the month.
- 2) Board reviews complete applications the following month.
- 3) Board notifies applicant of approval/disapproval/deferral.
- 4) Approved applicant registers with a separate testing agency for exam and pays testing agency exam fees.
- 5) Applicant takes exam the following month.
- 6) Upon passing the exam, board notifies applicant of license requirements.
- 7) Applicant submits license requirements.
- 8) Board issues license to applicant.
- 9) Maintain license.

APPLICATION FILING DEADLINE

*Application, fee and all supporting documents to be presented to the board must be received in the board's Honolulu office **on or before the 20th day of the month prior to the scheduled meeting date.** The board is scheduled to meet once a month, except for the month of December. Refer to the attached schedule for all dates.*

Each application must be submitted with the following items for consideration by the board: **FAX COPIES WILL NOT BE ACCEPTED.**

Application fee
Experience certificates
Credit report
Entity appointment

INSTRUCTIONS FOR FILING

APPLICATION

Complete all 3 pages of the application.

- **Failure to provide the requested information will delay the processing of your application.**

An RME cannot be issued a license unless employed by a contracting entity (corporation, partnership, joint venture, LLC or LLP). If not currently licensed, the entity must file a separate application form and pay separate fees in order to be licensed.

SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4) HRS which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

(Continued on Back)

FEES

Attach the \$50 non-refundable application fee for each application filed. Additional fees will be assessed after board approval and passage of the examination. Make checks payable to: COMMERCE AND CONSUMER AFFAIRS.

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91 Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

EXPERIENCE

Submit not less than 3 certificates in support of supervisory experience with application. (No two certificates shall be from the same person.) All certificates must be notarized.

A minimum of 4 years of full-time supervisory experience within the past 10 years immediately preceding the filing of an application is required.

Applicants who possess licensed experience in another state should provide proof of licensure, but will still be required to submit not less than 3 certificates in support of supervisory experience.

Certain technical training may be approved as acceptable experience, but in no case shall the training count for more than one year of experience.

ASBESTOS CONTRACTOR

RMEs applying to do asbestos application, enclosure, removal, encapsulation, renovation, repair demolition or other disturbances of friable asbestos or asbestos containing material shall meet all requirements with the exception of experience.

In lieu of experience, the RME shall submit proof of successful completion of a 4-day Environmental Protection Agency (EPA) or board approved asbestos training course within two years prior to filing the application.

CREDIT REPORT

Submit a **current** credit report from a credit reporting agency **issued not more than 6 months ago** covering at least the previous 5 years.

RME/ENTITY APPOINTMENT

If the entity is already licensed, entity must submit a letter confirming RME employment. If the entity is not licensed, it must submit a separate application designating the applicant as its RME.

LAWS AND RULES

A copy of the Contractors laws and rules may be obtained by submitting a written request to: the Contractors License Board, DCCA, P.O. Box 3469, Honolulu, Hawaii 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above Statutes.

The laws and rules are also available on our website at: hawaii.gov/dcca/pvl. Click on "Contractors". Then click on the link "Statute/Rule Chapter" to the right.

BOARD'S ADDRESS

Mail the completed application, proper fee amount and other required documents to:

Contractors License Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or

Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

EXAMINATION

The contractors licensing examinations are administered by a professional testing service, Prometric, (fka Thomson Prometric).

Applicants, upon approval by the board, will be provided with examination registration forms. Applicants must mail the registration forms, together with the appropriate examination fees, directly to Prometric. *Phone:* (808) 261-8182.

Applicant must pass a written examination covering the following:

PART I Business and law (A copy of the Contractors laws and rules may be obtained by submitting a written request to: Contractors License Board, DCCA, P.O. Box 3469, Honolulu, HI 96801).

The laws and rules are also available on our website at hawaii.gov/dcca/pvl. Click on "Contractors".

NOTE: It is strongly suggested that applicants obtain a copy of contractor licensing law and rules.

PART II Trade (field knowledge in classification requested).

Recommended Study materials for the Part II examination may be obtained by calling Prometric - (808) 261-8182.

Some books are available at public libraries. Refer to the listing in the *"Bulletin of Examination Information"*.

Questions regarding the examination, study material, or sitting for the exam in another state should be directed to the testing agency, Prometric. *Phone:* (808) 261-8182 or visit their website at www.prometric.com/hawaii.

REQUESTS TO TAKE THE LICENSING EXAMINATION OUT-OF-STATE – must be approved by the Board. Submit your written request along with your application in advance of the deadline date, to allow for sufficient processing time. Please be advised that you are responsible for any additional cost for this out-of-state testing accommodation and test locations are limited to sites at which the testing service has a secured office.

REQUESTS TO USE AN INTERPRETER – must be approved by the Board. Form is available from website at hawaii.gov/dcca/pvl or contact Prometric at (808) 261-8182. The fee for this service is \$100, added to your examination fee.

LICENSE REQUIREMENTS

Upon Passing the Exam

FEES

License fees will be due. Specific amounts will be given at the appropriate time.

ATTENTION: CONTRACTORS APPLYING FOR ELECTRICAL OR PLUMBING RELATED CLASSIFICATIONS

Please be advised that in order to perform **electrical or plumbing** work in Hawaii, **you must also obtain an electrician (ie. ES or EJ) or plumber (PM or PJ) license.** (Refer to Hawaii Revised Statutes, Chapter 448E). **YOU MAY NEED THIS TYPE OF LICENSE TO GET A BUILDING PERMIT.**

MAINTAINING THE LICENSE

MAINTAIN INSURANCE

Contracting entities must maintain insurance coverage throughout licensure and keep on file in the board's office evidence of such coverage.

Failure to maintain liability and worker's compensation coverages causes automatic forfeiture of the contracting entity and RME license, and if not reinstated within sixty days, shall require the entity and RME to apply as a new applicant.

ENTITY-RME DEPENDENCY

RMEs who leave an entity shall notify the board within 60 days and apply to become a contracting entity, obtain employment with another contracting entity or instruct the board to place the license on an inactive status within 90 days. Failure to do so within the required time period will cause ***automatic forfeiture*** of the license.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, are subject to renewal by **September 30 of each even-numbered year**. To ensure receipt of a renewal application, keep the board informed of your address. (RME renewal applications will be sent to the entity's address.) Applications are sent by mail around August 1, even-numbered years. Licenses not renewed by September 30 are forfeited and the holders of a forfeited license are considered unlicensed and may not practice. Restorations of forfeited licenses are accepted until November 30 of the even-numbered year with a penalty fee. After November 30, restoration is not accepted and a new application for a license is required.

CLASSIFICATIONS AS LISTED IN CHAPTER 77
HAWAII ADMINISTRATIVE RULES

"A"	General Engineering
"B"	General Building
C-1	Acoustical and insulation contractor;
C-2	Mechanical insulation contractor;
C-3	Asphalt paving and surfacing contractor;
C-3a	Asphalt concrete patching, sealing, and striping contractor;
C-3b	Play court surfacing contractor;
C-4	Boiler, hot-water heating, and steam fitting contractor;
C-5	Cabinet, millwork, and carpentry remodeling and repairs contractor;
C-5a	Garage door and window shutters contractor;
C-5b	Siding application contractor;
C-6	Carpentry framing contractor;
C-7	Carpet laying contractor;
C-9	Cesspool contractor;
C-10	Scaffolding contractor;
C-12	Drywall contractor;
C-13	Electrical contractor;
C-14	Sign contractor;
C-15	Electronic systems contractor;
C-15a	Fire and burglar alarm contractor;
C-15b	Telecommunications contractor;
C-16	Elevator contractor;
C-16a	Conveyor systems contractor;
C-17	Excavating, grading, and trenching contractor;
C-19	Asbestos contractor;
C-20	Fire protection contractor;
C-20a	Fire repressant systems contractor;
C-21	Flooring contractor;
C-22	Glazing and tinting contractor;
C-22a	Glass tinting contractor;
C-23	Gunite contractor;
C-24	Building moving and wrecking contractor;
C-25	Institutional and commercial equipment contractor;
C-27	Landscaping contractor;
C-27a	Hydro mulching contractor;
C-27b	Tree trimming and removal contractor;
C-31	Masonry contractor;
C-31a	Cement concrete contractor;
C-31b	Stone masonry contractor;
C-31c	Refractory contractor;
C-31d	Tuckpointing and caulking contractor;
C-31e	Concrete cutting, drilling, sawing, coring, and pressure grouting contractor;
C-32	Ornamental, guardrail, and fencing contractor;
C-32a	Wood and vinyl fencing contractor;
C-33	Painting and decorating contractor;
C-33a	Wall coverings contractor;
C-33b	Taping contractor;
C-33c	Surface treatment contractor;
C-34	Soil stabilization contractor;

- C-35 Pile driving, pile and caisson drilling, and foundation contractor;
- C-36 Plastering contractor;
- C-36a Lathing contractor;
- C-37 Plumbing contractor;
- C-37a Sewer and drain line contractor;
- C-37b Irrigation and lawn sprinkler systems contractor;
- C-37c Vacuum and air systems contractor;
- C-37d Water chlorination and sanitation contractor;
- C-37e Treatment and pumping facilities contractor;
- C-37f Fuel dispensing contractor;
- C-38 Post tensioning contractor;
- C-40 Refrigeration contractor;
- C-40a Prefabricated refrigerator panels contractor;
- C-41 Reinforcing steel contractor;
- C-42 Roofing contractor;
- C-42a Aluminum and other metal shingles contractor;
- C-42b Wood shingles and wood shakes contractor;
- C-42c Concrete and clay tile contractor;
- C-42e Urethane foam contractor;
- C-42g Roof coatings contractor;
- C-43 Sewer, sewage disposal, drain, and pipe laying contractor;
- C-43a Reconditioning and repairing pipeline contractor;
- C-44 Sheet metal contractor;
- C-44a Gutters contractor;
- C-44b Awnings and patio cover contractor;
- C-48 Structural steel contractor;
- C-48a Steel door contractor;
- C-49 Swimming pool contractor;
- C-49a Swimming pool service contractor;
- C-49b Hot tub and pool contractor;
- C-51 Tile contractor;
- C-51a Cultured marble contractor;
- C-51b Terrazo contractor;
- C-52 Ventilating and air conditioning contractor;
- C-53 Miscellaneous retail products
- C-54 Interior design
- C-55 Waterproofing contractor;
- C-56 Welding contractor;
- C-57 Well contractor;
- C-57a Pumps installation contractor;
- C-57b Injection well contractor;
- C-60 Solar power systems contractor;
- C-61 Solar energy systems contractor;
- C-61a Solar hot water systems contractor;
- C-61b Solar heating and cooling systems contractor;
- C-62 Pole and line contractor;
- C-62a Pole contractor;
- C-63 High voltage electrical contractor; and
- C-68 Classified specialist.

APPLICATION FOR CONTRACTOR'S LICENSE – RESPONSIBLE MANAGING EMPLOYEE

Access this form via website at: hawaii.gov/dcca/pvl

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
CONTRACTORS LICENSE BOARD
335 MERCHANT ST, ROOM 301, P.O. BOX 3469
HONOLULU, HAWAII 96801

INSTRUCTIONS - To avoid delay read all instructions carefully.

Each applicable question must be fully and truthfully answered. **Any material misrepresentation is grounds for refusal or subsequent revocation of license.**

Attach sheets to this application when so instructed or where the space provided for the answer is not sufficient.

Answer all questions. **No license will be considered until this application is completed.** If a question is not applicable, indicate with "NA".

Applications must be **printed** legibly in **black ink** or **typewritten**.

The required **\$50.00 application fee** must be attached and submitted with this application form.

FOR BOARD USE ONLY	Lic. No.	Eff. Date:
	CLASS(ES):	

(A) Name of Applicant _____
First Name
Middle Name/Initial
Last Name

(B) Name of Contracting Entity you are applying to be the RME for: _____
 • License No. _____ or Mailing Address: _____
 • Date applied for license _____

(C) Social Security No. _____ Phone (days): () _____

(D) Residence Address _____
(Street address, City, State, Zip Code)

(E) Set forth in detail the kind of contracting business in which the applicant intends to engage _____

(F) Classification(s) requested () _____
Symbol - See list attached
Name of classification

(G) **EDUCATION:** Vocational school, college, university, special training _____ yrs. _____ mos.

STATE LICENSES	(H)	Name of State	License Number	Date Issued	CLASSIFICATION	FOR OFFICE USE ONLY
						_____ Credit Report
						_____ Experience
						_____ Entity Appointment
	Attach copy of each contractor's license previously held in any state.					

(Continued on Back)

Appl 115 \$ 50

RME: Lic 116 \$246
 CRF 117 \$66/\$134
 1/2 Ren 100 \$ 30
 Service Charge BCF \$ 25

Name of Applicant: _____
(LAST, First, MI)

(I) **EACH QUESTION MUST BE ANSWERED**

1. Are you at least 18 years of age? YES NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
3. Have you previously applied for a Hawaii State contractor's license? YES NO
If yes, state month and year _____
4. Have you ever been affiliated with a contracting entity whose license has been terminated due to issuance of a court order authorizing payment from the Contractors Recovery Fund of this state or any other state? YES NO
If yes, submit a detailed statement giving the date of the order and circumstances leading up to issuance of the court order.
5. Have you or any construction organization in which you were an officer, partner, manager or member had a contractor's license or any professional or vocational license denied, fined, suspended or revoked by this state or any other state? YES NO
If yes, attach a detailed statement signed by you.
(For the purpose of this question, "denied" does not mean that one has previously failed an examination.)
6. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract or work undertaken by you or any construction organization in which you were an officer, partner, manager or member? YES NO
If yes, attach a detailed statement signed by you.
7. Are there now any unpaid past due bills or claims for labor, materials, or services, outstanding and unsatisfied, as a result of your operations or of any construction organization in which you were an officer, partner, manager or member? YES NO
If yes, attach a detailed statement signed by you.
8. Are there now any liens, suits, or judgments of record or pending, outstanding and unsatisfied, as a result of your operations or of any construction organization in which you were an officer, partner, manager or member? YES NO
If yes, attach a detailed statement signed by you explaining the circumstances and current status, and if no payment or payment arrangement has been made, the reason; a resume of employment and business activities; and copies of the court complaint, judgment, documentation of payment arrangements, lien documents, records of any payments, and other documents.
9. Have you or any construction organization in which you were an officer, partner, manager or member ever been adjudicated as bankrupt or is presently in the process of bankruptcy proceedings? YES NO
If yes, attach a detailed statement giving the number of bankruptcy proceedings, the location of the bankruptcy court, a schedule of creditors listed in the bankruptcy petition, the approximate date of the action and a statement of the final action upon the proceedings.
10. Have you or any construction organization in which you were an officer, partner, manager or member ever made an assignment of assets, either voluntary or otherwise, in settlement of construction obligations for less than the total amount of the indebtedness? YES NO
If yes, attach a detailed statement listing names and addresses of all creditors and losses they sustained.
11. Have you ever been convicted of a felony which has not been annulled or expunged within the last 20 years? YES NO
If yes, attach a statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, periods of employment, employer's name, description of duties, and training attended. Also, attach certified court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.

(J) EXPERIENCE STATEMENT

1) TYPE OF WORK & TIME AT EACH-I have worked as a:

<input type="checkbox"/> Apprentice for.....	_____ yrs.	_____ mos.
<input type="checkbox"/> Journeyman for	_____ yrs.	_____ mos.
<input type="checkbox"/> Supervisor for	_____ yrs.	_____ mos.
<input type="checkbox"/> Superintendent for	_____ yrs.	_____ mos.
<input type="checkbox"/> Contractor for	_____ yrs.	_____ mos.
<input type="checkbox"/> Foreman for	_____ yrs.	_____ mos.
<input type="checkbox"/> Project Manager for	_____ yrs.	_____ mos.

_____ for _____ yrs. _____ mos.

2) TOTAL TIME IN CONSTRUCTION:..... yrs. _____ mos.

3) SKILLS - I can perform the following:

<input type="checkbox"/> Read a financial statement
<input type="checkbox"/> Compute payroll
<input type="checkbox"/> Balance a checking account
<input type="checkbox"/> Read blueprints
<input type="checkbox"/> Prepare job estimates
<input type="checkbox"/> Order materials
<input type="checkbox"/> Design & layout construction projects
<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Other (specify): _____

4) LIST THE MOST RECENT EXPERIENCE FIRST: ATTACH ADDITIONAL SHEETS IF NECESSARY

_____ <i>Name of Company</i>		_____ <i>License No.</i>
_____ <i>Type of Business Company Engaged in</i>		
_____ <i>Address of Company</i>		
Dates employed: _____ to _____	Total: _____	
Mo/Yr	Mo/Yr	Yr/Mo
Dates supervised: _____ to _____	Total: _____	
Mo/Yr	Mo/Yr	Yr/Mo
No. of people supervised: _____		
TYPE OF PROJECTS:		
<input type="checkbox"/> Apartments	<input type="checkbox"/> Office Buildings	
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Remodeling	
<input type="checkbox"/> Custom	<input type="checkbox"/> Tract Houses	
<input type="checkbox"/> High Rise	<input type="checkbox"/> Other (specify):	

Describe duties and responsibilities:

Hours worked per week: _____

AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension):

AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS:

\$

_____ <i>Name of Company</i>		_____ <i>License No.</i>
_____ <i>Type of Business Company Engaged in</i>		
_____ <i>Address of Company</i>		
Dates employed: _____ to _____	Total: _____	
Mo/Yr	Mo/Yr	Yr/Mo
Dates supervised: _____ to _____	Total: _____	
Mo/Yr	Mo/Yr	Yr/Mo
No. of people supervised: _____		
TYPE OF PROJECTS:		
<input type="checkbox"/> Apartments	<input type="checkbox"/> Office Buildings	
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Remodeling	
<input type="checkbox"/> Custom	<input type="checkbox"/> Tract Houses	
<input type="checkbox"/> High Rise	<input type="checkbox"/> Other (specify):	

Describe duties and responsibilities:

Hours worked per week: _____

AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension):

AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS:

\$

Affidavit of Applicant:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 4710-1017, Sections 436B-19 and 444-17, Hawaii Revised Statutes.

I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 444 and Hawaii Administrative Rules, Chapter 77.

Date

Signature

Print Name

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Access this form via website at: hawaii.gov/dcca/pvl

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

Name of Applicant	Classification requesting (check)
	<input type="checkbox"/> A - General Engineering
	<input type="checkbox"/> B - General Building
	<input type="checkbox"/> C - _____
	<input type="checkbox"/> C - _____

<p>Indicate your BUSINESS RELATIONSHIP</p> <p>to the applicant:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> RME Lic. # _____ <div style="text-align: center; margin-top: 10px;">Classifications held: _____</div> <input type="checkbox"/> FELLOW EMPLOYEE <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> OTHER (specify): _____ _____ </div>	Employment Dates (mo/yr):	Indicate LEVEL applicant worked at:
	From: To:	<input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> FOREMAN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Specify) _____ _____
	Length of service:	
	Yrs. mos.	
	Dates applicant has supervised:	
	From: To:	
TOTAL TIME: _____		<i>(Refer to the board's definitions of each of the above levels on the reverse side.)</i> Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? <i>(Circle or underline your answer.)</i> <div style="text-align: right;">YES NO</div>
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME - _____ <div style="text-align: right; font-size: small;">Hours per week, if part-time</div>		Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing? <div style="text-align: right;">YES NO</div>

[illegible]

Business Phone No. ()

COMPLETION OF THIS EXPERIENCE CERTIFICATION

The applicant must detail **four full years of supervisory experience within the past 10 years**, in the classification the applicant is applying for, at the level of a Journeyman, Foreman, Supervisor, or Contractor (see definitions below). The applicant must also submit certificates to support this experience. The certificates must be completed by a qualified and responsible person; that is, by an employer, fellow employee, or journeyman who has DIRECT KNOWLEDGE of the applicant's experience.

DIRECT KNOWLEDGE is knowledge of the truth in regard to a particular fact, which is original, and does not depend on information or hearsay.

The applicant is requesting that you complete this form to certify as to your DIRECT KNOWLEDGE of the applicant's experience. As a qualified and responsible person you must certify that the applicant demonstrated a level of knowledge and skill expected of a journeyman or better in the classification for which the application is being made.

JOURNEYMAN is an experienced worker in the trade who is fully qualified as opposed to a trainee, and is able to perform the trade without supervision.

FOREMAN/SUPERVISOR is a person who has the knowledge and skill of a journeyman and also directly supervises the physical construction.

CONTRACTOR is one or more of the following:

- 1) a currently licensed Hawaii contractor
- 2) a formerly licensed Hawaii contractor
- 3) a person listed under "*Personnel of Record*" on the license application of a currently licensed Hawaii contractor
- 4) an out-of-state contractor who held a license in that state

A Contractor is a person who has the skills necessary to manage the daily activities of a construction business, including field supervision.

Your cooperation is earnestly solicited so that the Contractors License Board can determine whether this applicant has the experience necessary to become a capable and qualified contractor.

IMPORTANT: You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate you complete.

DO NOT SEND THIS FORM TO THE CONTRACTORS LICENSE BOARD. INSTEAD, RETURN IT TO THE APPLICANT SO THE APPLICANT MAY ATTACH IT TO THE APPLICATION.

Access this form via website at: hawaii.gov/dcca/pvl

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

Name of Applicant	Classification requesting (check)
	<input type="checkbox"/> A - General Engineering
	<input type="checkbox"/> B - General Building
	<input type="checkbox"/> C - _____
	<input type="checkbox"/> C - _____

<p>Indicate your BUSINESS RELATIONSHIP</p> <p>to the applicant:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> RME Lic. # _____ <div style="text-align: center; margin-top: 10px;">Classifications held: _____</div> <input type="checkbox"/> FELLOW EMPLOYEE <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> OTHER (specify): _____ _____ </div>	Employment Dates (mo/yr):	Indicate LEVEL applicant worked at:
	From: To:	<input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> FOREMAN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Specify) _____ _____
	Length of service:	
	Yrs. mos.	
	Dates applicant has supervised:	
	From: To:	
TOTAL TIME: _____		<i>(Refer to the board's definitions of each of the above levels on the reverse side.)</i> Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? <i>(Circle or underline your answer.)</i> <div style="text-align: right; width: 100px;">YES NO</div> Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing? <div style="text-align: right; width: 100px;">YES NO</div>
<div style="margin-left: 20px;"> <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME - _____ <div style="text-align: right; font-size: small; margin-right: 50px;">Hours per week, if part-time</div> </div>		

Business Phone No. ()

COMPLETION OF THIS EXPERIENCE CERTIFICATION

The applicant must detail **four full years of supervisory experience within the past 10 years**, in the classification the applicant is applying for, at the level of a Journeyman, Foreman, Supervisor, or Contractor (see definitions below). The applicant must also submit certificates to support this experience. The certificates must be completed by a qualified and responsible person; that is, by an employer, fellow employee, or journeyman who has DIRECT KNOWLEDGE of the applicant's experience.

DIRECT KNOWLEDGE is knowledge of the truth in regard to a particular fact, which is original, and does not depend on information or hearsay.

The applicant is requesting that you complete this form to certify as to your DIRECT KNOWLEDGE of the applicant's experience. As a qualified and responsible person you must certify that the applicant demonstrated a level of knowledge and skill expected of a journeyman or better in the classification for which the application is being made.

JOURNEYMAN is an experienced worker in the trade who is fully qualified as opposed to a trainee, and is able to perform the trade without supervision.

FOREMAN/SUPERVISOR is a person who has the knowledge and skill of a journeyman and also directly supervises the physical construction.

CONTRACTOR is one or more of the following:

- 1) a currently licensed Hawaii contractor
- 2) a formerly licensed Hawaii contractor
- 3) a person listed under "*Personnel of Record*" on the license application of a currently licensed Hawaii contractor
- 4) an out-of-state contractor who held a license in that state

A Contractor is a person who has the skills necessary to manage the daily activities of a construction business, including field supervision.

Your cooperation is earnestly solicited so that the Contractors License Board can determine whether this applicant has the experience necessary to become a capable and qualified contractor.

IMPORTANT: You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate you complete.

DO NOT SEND THIS FORM TO THE CONTRACTORS LICENSE BOARD. INSTEAD, RETURN IT TO THE APPLICANT SO THE APPLICANT MAY ATTACH IT TO THE APPLICATION.

Access this form via website at: hawaii.gov/dcca/pvl

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

Name of Applicant	Classification requesting (check)
	<input type="checkbox"/> A - General Engineering
	<input type="checkbox"/> B - General Building
	<input type="checkbox"/> C - _____
	<input type="checkbox"/> C - _____

<p>Indicate your BUSINESS RELATIONSHIP</p> <p>to the applicant:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> RME Lic. # _____ <div style="text-align: center; margin-top: 10px;">Classifications held: _____</div> <input type="checkbox"/> FELLOW EMPLOYEE <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> OTHER (specify): _____ _____ </div>	Employment Dates (mo/yr):	Indicate LEVEL applicant worked at:
	From: To:	<input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> FOREMAN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Specify) _____ _____
	Length of service:	
	Yrs. mos.	
	Dates applicant has supervised:	
	From: To:	
TOTAL TIME: _____	(Refer to the board's definitions of each of the above levels on the reverse side.)	
	Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? (Circle or underline your answer.)	
	YES NO	
	Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing?	
	YES NO	

[illegible]

Business Phone No. ()

COMPLETION OF THIS EXPERIENCE CERTIFICATION

The applicant must detail **four full years of supervisory experience within the past 10 years**, in the classification the applicant is applying for, at the level of a Journeyman, Foreman, Supervisor, or Contractor (see definitions below). The applicant must also submit certificates to support this experience. The certificates must be completed by a qualified and responsible person; that is, by an employer, fellow employee, or journeyman who has DIRECT KNOWLEDGE of the applicant's experience.

DIRECT KNOWLEDGE is knowledge of the truth in regard to a particular fact, which is original, and does not depend on information or hearsay.

The applicant is requesting that you complete this form to certify as to your DIRECT KNOWLEDGE of the applicant's experience. As a qualified and responsible person you must certify that the applicant demonstrated a level of knowledge and skill expected of a journeyman or better in the classification for which the application is being made.

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